Utah State Hospital Geriatric Unit

(Updated 02/07/2003)

The Geriatric unit is housed in the Hyde Building on the Utah State Hospital grounds. The name of the unit GERIATRIC UNIT.

In Geriatric Services it is our goal that the work we do and the decisions we make will be driven by our vision statement, mission statement, and our guiding principles. These documents outline the principles that were utilized to develop our service areas policies and procedures and our unit guidelines. They create an expectation that everyone connected to the Geriatric Unit will be treated professionally as a person with dignity, who is deserving of respect. We believe that adherence to these principles will create an environment in which patients, patient support systems, and staff members will flourish and achieve their potential.

Geriatric Services is committed to provide high quality and innovative care. The contribution of all staff is needed to push our care and programming to such a level.

Mission Statement

Our mission is to provide excellent inpatient psychiatric care.

Vision Statement

Our vision is to advance our value as a mental health provider.

Goal Statement

The goal of Geriatric Services is to provide a safe and healing environment in which all people are treated with dignity and respect throught the aging process. Our purpose is to assist patients to reach their potential, through individualized treatment with an aim toward their return to the community. We will work as a unified body seeking the assistance of patients, families and the community is achieving these goals.

Guiding Principles

* Our central purpose is to assist patients to successfully refine or maintain those life skills essential to their satisfactory integration into their community.
* Patients are to be involved, as much as they are capable, in developing and implementing their treatment plan. We treat each patient as an individual, structuring activities and treatment interventions to the person's specific needs.
* All people (staff, patient, family and community members) are treated with dignity, kindness and respect at all times.
* Safety is the responsibility of each individual. We all take it upon ourselves to observe our environment and those around us to enable us to intervene early, thus avoiding dangerous situations.
* We are committed to the concept of lateral service in which all staff pitch in together to maintain a clean environment and quality treatment programs.
* We believe that a "healing environment" is achieved as people feel safe, accepted and have a therapeutic relationship with those providing care. Each staff member takes personal responsibility to create a healing environment in Geriatric Services.
* The Geriatric Unit works in partnership with patient support systems and the community mental health centers to assist patients to achieve their potential, thus attaining a continuity of care between hospital and community-based treatment.
* Staff will be encouraged and recognized for improving their competency, upgrading their skills and for utilizing them to benefit Geriatric Services.
* The Geriatric Unit is committed to have a staff that is knowledgeable and understands how to provide care effectively for the adult and aging population. This is achieved as all staff are current with their manditory training and as they attend quality inservices.

* Geriatric Services values honesty and personal integrity in patients and staff.

Geriatric Services Organizational Chart Summary

The Geriatric Services management group works together as a team. This management team is made up of staff who specialize in administrative and clinical services. The team is formally comprised of the Unit Clinical Director, Unit Nursing Director, and Unit Administrative Director. Each of these individual focus on a specific component of the unit needs. The **Clinical Director's** focus is on the general well being of each patient on the unit, clinical staffing and treament planning, and various clinical interventions related to all patients admitted to the Geriatric Unit. The clinical director also has a role as part of the SMT in general unit functions, staff concerns, and programming of the unit activity. The **Unit Nursing Director's** focus is on the clincial and treatment issues related to the direct Nursing care of each patient. The UND directly supervises the nursing personnel in their duties and is involved in general unit concerns and programming issues as it realtes to the nursing staff and patient care issues. The **Administrative Director's** focus is on the general welfare and concerns of the unit as a whole. The AD manages and maintains the budget, and coordinates programming and scheduling of staff and patient activities. The two main branches of organization on the Geriatric Unit are Administrative and Clinical. There is a great deal of overlap in organizational responsibilities as the SMT works together to keep each other informed about important clinical and administrative issues. Regular meetings allows each member to give their input into the total management of the treatment area.

GERIATRIC SERVICES
OPTIONAL POLICIES

CONFIDENTIALITY AND DISCLOSURE OF INFORMATION

Medical records are confidential. The medical record is the property of the hospital and is maintained for the benefit of the patient, the medical staff, and the hospital. The hospital is responsible for safeguarding both the record and its informational content against loss, defacement, tampering, and from use by unauthorized individuals. Written consent of the patient or his/her legally qualified representative is required for the release of medical information to persons not otherwise authorized to receive the information. Authorization for Release of Information forms can be found in the secretary's office. Even verbal information about patients is not to be shared without proper authorization.

EMERGENCIES

All Emergencies - Dial 44222 for immediate attention. This phone number will contact the switchboard operator who will coordinate efforts in dealing with the emergency.

Elopement - Call switchboard to contact security. Give a description of patient and any information about where he/she was last seen, what direction he/she left in, how long he/she has been gone, etc. Send an employee to go with security to help identify patient. The security officer is seldom available at extension 44251. Much time can be saved by calling "operator" and asking for switchboard to contact security. Contact SMT members and hospital superintendent.

Code Blue - The Utah State Hospital uses a Code Blue message broadcast over the public address system to notify all medical and nursing personnel of emergency situations involving a cardiac and/or respiratory arrest. A Code Blue message can also be used in other medical emergencies when loss of life is imminent to summon additional medical and nursing staff. Any staff member discovering a patient with a cardiac/respiratory arrest shall immediately use the emergency number 44222 to contact the switchboard. The staff member discovering the patient shall also be responsible for initiating CPR.

Code 10 - The Utah State Hospital uses a Code 10 message broadcast over the public address system to notify all hospital personnel of an emergency situation involving a security problem. A Code 10 security message can be used in the event of a security problem in the service area dealing with patients, visitors, or intruders to increase the number of personnel available in the area. Personnel responding to the Code 10 broadcast can include hospital security, nursing services personnel not essential for area coverage, and professional staff who have received violence training through the USH Staff Development classes. Any staff member may request a Code 10 message be broadcast. The decision to do so rests in the professional team members present.

Code Red - In the event of a Code Red, the following procedures should be followed:

* Remove patients
* Pull Fire Alarm

* Dial 44222
* State PROBLEM AND LOCATION TWICE
* Close doors and windows (do not lock doors)
* Fight fire - if manageable

EMPLOYEE INCENTIVE PROGRAM
The Geriatric Unit has an incentive program that follows the guidelines of the Hospital.

GROOMING AND DRESS STANDARDS
Standards of grooming and dress are to be followed by all employees of the Utah State Hospital to insure positive role models for patients, to present a positive appearance to the public, and to reduce the possibility of accident or the transmission of infection. The Utah State Hospital and Geriatric Unit Services follows the Utah State Hospital Services Dress Standard Guidelines.

INSERVICES
Appropriate programs and training for administrative, clinical, and support personnel are provided. These inservice training programs contribute toward the preparation for better qualified personnel, improved patient care, and for the preparation of added responsibilities. All employees are required to complete yearly mandatory training. Documentation verifying the participation of all personnel is kept on computer file by the Staff Development secretary. Staff Development maintains copies of training compentencies, objectives, content outlines, and competency measurements for all mandatory inservices. This training includes reviews and updates in:

- Orientation to Geriatric Unit Services
- Infection Control/Universal Precautions/Hazardous Materials
- Life Safety/Fire and Disaster Response
- Patient Rights/Confidentiality
- Violence Prevention (verbal interventions)
- Code of Conduct
- CPR
- Defense Driving (occasional driver, every 3 years; regular driver, every year)
- IT Resources (appropriate use of IT resources)
- JCAHO Standard's Review

All employees who provide direct patient care are required to complete the SIT training. This list of mandatory inservices will be continually updated.
The Administrative Director and the Unit Nursing Director maintains a record for each Geriatric Unit Service staff on all area speciific inservices that have been taken by that person and when their next inservice is due. Hospital inservice records are kept at the hospital Human Resource Department. Any materials needed for training can be obtained from our UND office. If you have any ideas for other training, share your ideas with your supervisor.

MAINTAINING FACILITY

While the hospital provides housekeeping staff to maintain a hygienic environment for patients and staff, extra help is needed in order to keep the facility at its best. If you see something that needs to be done, it is everyone's responsibility to pitch in and help. Geriatric Unit Services is what we as employees make it. No one is above helping out when something needs to be done.

QUALITY RESOURCES/QUALITY IMPROVEMENT

The hospital-wide Quality Improvement Program focuses on improving organizational performance through APIE (Assess, Plan, Implement, Evaluate). The Geriatric Unit Services Quality Improvement Program focuses on improving services for our geriatric patients. Just as every hospital employee is part of the hospital-wide Quality Improvement Program, all geriatric service employees are part of the Geriatric Services Quality Improvement program. We take good ideas from wherever we can get them! If you see some way that you can improve the way that you do your job, some way we can improve the care we give to patients on Geriatric Services, or have an idea that would help the whole hospital, please let your supervisor know, put a suggestion in the Suggestion Box or call Quality Resources.

There are opportunities to be on project teams and receive training in quality improvement. Also, videos are available in Staff Development and on the unit for hospital use. All of us working together to find better ways of doing things is what it is all about!

GERIATRIC SERVICES
PATIENT CARE/PROGRAMS

I. PATIENT CARE

DISCIPLINES

MD

There is one psychiatrist and a medical doctor that work together to take care of the physical and mental needs of the patients. The psychiatrist functions as a team leader and coordinates care provided by the professioal staff, in addition to providing pharmaceutical therapy. The physicians are available to staff at all times for consultation.

Nursing

The nursing discipline is made up of RN's, LPN's and psych techs. The major goal of the nursing discipline is to provide quality patient care. The nursing discipline provides 24 hour a day patient care. They assist, teach, and coach patients in skills that will help them be as independent and functional as possible with their illness. The RN supervises both LPN's and psych techs. All nursing staff monitor the patients well-being and give input into the treatment plan.

Social Work

Social Work Services attends to the psychosocial needs of patients and their families and in the evaluation and treatment of crisis and disability resulting from the emotional, social, and economic stresses of illness. Social Workers are assigned to treatment teams, with the Clinical Director, Administrative Director, and Director of Social Work Services having responsibility for the supervision and direction of each social worker. The social worker joins with other team members in clinical staffings and other treatment-focused meetings and contributes his/her unique skills in the formation and implementation of treatment plans.

Therapeutic Recreation

The recreation therapist offers broad, comprehensive, and flexible programs to fit individual needs of patients and to meet their treatment plan goals. The overall purpose of the service is to assist patients to overcome problems through a therapeutic recreation approach and to facilitate the development, maintenance, and expression of an appropriate leisure lifestyle for individuals with physical, mental, emotional, or social limitations. This purpose is accomplished through the provision of professional programs and services which assist the patient in eliminating barriers to developing leisure skills and attitudes, and optimizing leisure involvement. The AD and Hospital Director of Recreation have the responsibility for the supervision and direction of each RT or TRT.

The discipline believes that leisure, including recreation and play, are inherent aspects of the human experience. Leisure involvement has great value in human

development, in social and family relationships, and in general, adds to the quality of one's life. Some human beings have disabilities, illnesses, or social conditions which limit their full participation in the narrative social structure of society. These individuals with limitations have the same human rights to, and needs for, leisure involvement.

Psychology
Psychological services, which are provided by PhD level psychologists, are aimed at providing in-depth diagnostic information and advance therapeutic interventions. Psychological testing is administered to provide an objective understanding of a patient's personality, cognitive abilities, intellectual abilities, and neuropsychological functioning. Consultative services are available to setup personalized behavioral interventions with patients. Additionally, advanced psychotherapeutic treatments can be provided, including biofeedback and neurofeedback.

PATIENT ASSESSMENTS
The hospital is organized into special treatment units, based on different patient populations. Each treatment unit is responsible for conducting a complete assessment of each patient, including an inventory of patient's strengths. The assessment also includes, but is not limited to physical, emotional, behavioral, social, recreational, and when appropriate, legal and vocational needs.

Psychiatric Assessment
Assessment includes, completed within 24 hours, but is not limited to reason for hospitalization, previous treatment history, substance abuse problems, risk assessment, mental status examination, and diagnosis.

Physical Examinations
A physical examination is completed within 24 hours of admission. The process and results of the examination are documented by the physician/nurse practitioner in the patient's record. Every patient is given an annual physical in order to update the patient's record.

Nursing Assessment
Inital nursing assessments will be done on all patients on admission. Nurses will continuously collect data and assess the psychological and physiological status and progress of patients with reference to identified problems and treatment goals.

Social History
A social assessment of each patient is completed within 14 days of admission which includes information relating to the following areas:

- Environment and home
- Religion
- Childhood history

- Military service history
- Financial status
- Discharge Planning
- Treatment Barriers
- Admission Diagnosis
- The social, peer-group, and environmental setting from which the patient comes; and the patient's family circumstances, including the constellation of the family group; the current living situation, and social, ethnic, cultural, emotional, health factors including drug and alcohol use, and screening for abuse (current/past).

Recreational Therapy Assessment
An activities assessment of each patient is completed within 14 days of admission which includes information relating to the individual's current skills, talents, aptitudes, and interests.

Provisional Treatment Plan
PTP (provisional treatment plan) is composed within 72 hours and identifies presenting problems with objectives and discipline specific modalities.

Individual Comprehensive Treatment Plan (ICTP)
An individualized comprehensive treatment plan is developed for every patient within 14 calendar days of admission to the Utah State Hospital. The responsibility for input and development of an ICTP is shared by the patient's clinical team. The ICTP reflects the participation and involvement of staff from the various professional disciplines. The plan contains specific objectives, written in measurable terms, that relate to the problem. The modality is discipline specific and describes the services, activities, and programs planned for the patient, and identifies the staff members assigned to work with the patient. The plan specifies the frequency of treatment procedures. The treatment plan also delineates specific criteria to be met for termination of treatment. The patient participates in the development of his/her treatment plan and such participation is documented in the patient's record. Each patient's ICTP is reviewed and updated by multidisciplinary clinical staff conferences every thirty days to determine adequacy of the plan and/or changes indicated. Documentation of the thirty day review is accomplished by making an entry on the ICTP. A mentor is present during these meetings to represent the direct care staff and also the treatment team leaders bring information from the treatment team meeting concerning the progress of the patients.

Discharge Summary and Aftercare Plan
A discharge summary dictated and signed by the patient's attending physician is entered in the patient's record within 14 days following discharge. The discharge includes the results of the initial physical and psychiatric assessment and diagnosis. The discharge summary includes a clinical resume that summarizes the following:

- The significant physical and psychiatric findings.
- The course and progress of the patient in the hospital with regard to each identified clinical

problem.
- The clinical course of the patient's treatment.
- The final assessment, including the general observations and understanding of the patient's condition initially, during treatment, and at discharge.
- The recommendations and arrangements for further treatment, including prescribed medications and aftercare.

The discharge summary includes the final primary and secondary diagnosis. A written aftercare plan that provides reasonable assurance of continued care is developed with the participation of the appropriate mental health center staff, other professionals in the community who may be involved, the patient, and when indicated, the family or guardian.

COMMUNICATING PATIENT CARE/CONCERNS

We constantly make changes to improve communication regarding patient care. The nursing cardex is an important source for patient information. It is updated every shift and is available in nurse's station on both sides. Prior to each shift, there is a change of shift meeting to detail areas of concern about patients. Morning meetings are held on M-W-F and the minutes of that meeting is e-mailed to all staff. There are three treatment teams headed by a Social Worker that meets weekly to discuss psychosocial issues. There is a message board on the unit to communicate among staff. The assignment sheets detail specific needs of patients. We have a weekly community meeting with patients and staff to directly address patient concerns. A monthly staff meeting that includes all shifts and all staff to foster open communications and share ideas is also held.

RELIGIOUS BELIEFS

Patients have the right to exercise their religious beliefs and to participate in religious services at the hospital, however patients are not coerced or forced to engage in religious activity. This rights may be modified according to clinical indication as determined documented and approved by the clinical staff responsible for the patient's treatment and by the hospital chaplain.

PATIENT BELONGINGS:

A protocol has been established to ensure the safety and accurate accounting of patient's belongings. This protocol needs to be followed when patient is admitted, is on an extended visit, off-grounds activity, at any time when receiving gifts or articles for personal use, and at discharge.

II. PATIENT PROGRAMS

PROGRAMMING PHILOSOPHY

The goal in therapeutic programming for Geriatric Services is to provide patients with an individualized treatment plan that meets their specific needs and utilizes their unique strengths. Traditional modalities such as medication and psychotherapy (individual, group, and family) augmented by education and skill training will assist patients in developing independence, responsibility or maintaining present level of functioning. Current trends include movement from

unit approach toward a multidisciplinary small team approach and an expansion from insight oriented interventions to include more patient and family psychoeducation. Patient involvement in the formulation and implementation of treatment planning is highly valued when the patient is able to do so. We have a very active treatment program that involves planned scheduled treatment (PST for each patient). Expected PST hours average from 10-20 hours of PST weekly. Treatment is seven days a week and can include, but not limited to the following treatment options:

Social Work Group: Psychotherapy Group, Social Skills Group, Women's Issue Group, Current Events, Reminiscence Group . . .

Nursing Groups: Focus Group, Medication Management Group, Symptom Management Group, Conflict Resolution Group . . . .

Recreation Groups: Health Management, Leisure Skills Group, Motor Skills Group, Weight Training Group, community Outings, Music . . . .

Community Meeting, Elective Programs, Video, Coffee Group, Old Time Radios, Quilting, etc. . . .

Individual Therapy

Family/Marital Therapy: as needed.

During off campus activities staff coverage will be one staff to four patients to provide adequate safeguards.

ACCESS TO SPECIALIZED THERAPEUTIC MODALITIES

ADULT EDUCATION

Educational opportunities are made available to adult patients who are 18 years of age or older. Those patients who have not yet graduated from high school are provided with the opportunity to attend school programs wherein they may earn a high school diploma or a General Education Development (GED) certificate. Other informal educational opportunities are made available to those adult patients who simply desire to improve their academic skills regardless of whether or not they already have a high school diploma.

VOCATIONAL REHABILITATION

An individual with mental illness has as much right as any other handicapped individual to be counseled, trained, and given the opportunity to compete in the world of work. It has been proven time and time again that work is as therapeutic, if not more therapeutic, as other areas of treatment. Our major goal at USH is to give patients every chance to learn, work, grow confidence, and live as independently as possible in the least restrictive environment. Our thrust is in helping people to help themselves become as vocationally, socially, and economically independent as possible without constructing overprotection.

The vocational program of USH provides assessment, vocational evaluation, counseling, consultation, industrial therapy, job training, on-the-job evaluation, jobs within the hospital setting and supported work in the community. Training and work assignments are designed to provide therapeutic benefit to the patients and help them develop work habits and attitudes, self-confidence, skills in

dealing with peers and supervisors, and other work skills necessary to succeed in further vocational training or jobs in the community as they leave the hospital setting.

GERIATRIC SERVICES
PATIENT POLICIES AND GUIDELINES

ABUSE/RESPECT
All people (staff, patients, family and community members) are treated with dignity, kindness and respect at all times. No physical abuse of self, others, or ward property will be tolerated. No threatening behavior or abusive language is allowed. Patients are not allowed to punish other patients when they see abuse, they should instead ask for staff assistance.

ATTIRE
Patients must be fully clothed while on the ward. Dress and appearance must be modest and clean. Attire considered inappropriate include: Tee shirts with inappropriate messages; halter or tank tops; tube tops; immodest shirts, blouses, skirts, and shorts; or clothing which reveals a bare midriff. Shorts are to be no shorter than just above the knee. Exceptions will be made depending on the activity. Appropriate sleepwear such as pajamas, nightgowns, or sweats should be worn to bed - it is not appropriate to wear street clothes to bed.

CONSUMABLE ITEMS
Items that are brought in by visitors need to be limited to only those amounts that will be consumed during the visit. Open containers should not be brought in by visitors.

CONTRABAND
Drugs, alcoholic beverages, weapons, drug paraphernalia, etc. are not allowed on hospital grounds.

HOPE UNIT PROTOCOL FOR PAT DOWNS
We want to use the least intrusive measure to search a patient when a patient returns to the unit following an off grounds or home visit. We will have staff ask the patient to change their clothes, and then the staff member will make sure there is nothing in the clothing that could be considered contraband. If the patient has a bag with items in it, the bag will be taken to the environmentalist so the contents of the bag can be examined and if needs be marked and placed in the patient's personal items record.
If we do have a patient who has a history of problems trying to sneak contraband into the hospital, we will develop a specific protocol for that patient RE pat downs.

CAFETERIA
Patients will attend meals in the Cafeteria at assigned times, according to each

unit. Certain persons (as determined by their treatment team) may require staff monitoring during meal times or be kept on the unit for various reasons.

DRIVING

While patients are taking any medication that interferes with their ability to operate a motor vehicle, it is their responsibility to be aware of the potential danger to themselves and others. Patients and/or family members should take action to notify the Driver License Department of the patient's need for medication. Should their driving privileges be suspended due to their being on medications, it will also be their responsibility to make arrangements to have their driver license reinstated. During the time they are hospitalized, they are not permitted to drive.

FITNESS/EXERCISE

Geriatric Services wishes to encourage personal fitness and physical well-being, use of exercise equipment on Geriatrics Services under doctor=s supervision, and use of passes. Patients are encouraged to contact their recreational therapist to develop a program that they can follow while they are in this facility.

FRATERNIZATION

Opportunities to develop meaningful relationships and social experience are healthy and are encouraged. Supervised dances, activities, and informal gatherings are supported and valued. We discourage the development of romantic associations while a patient at USH. Sexual relations between patients are prohibited.

HEALTH/SANITATION

Good hygiene and sanitation are essential to provide a safe and healthy environment. To maintain such an environment, patients are expected to:

* Bathe and brush their teeth daily.
* Keep hair clean and groomed (beards included). Patients are expected to shampoo regularly.
* Keep clothes clean, neat and mended.
* Wash hands after using the rest room and before meals.
* Assure personal areas of their room are clean and orderly, including locker, dresser, and bed area.
* Bedding and linen must be changed once a week as per laundry schedule.
* Personal hygiene must be appropriate in order for an individual to participate in activities outside of the patient living area, i.e. recreation, groups, passes, visits.

Staff assistance will be given in any area the patients need the help. In general, patients on the Geriatric Unit need more assistance with ADLs compared to other patient population.

LENDING/BORROWING

Patients are discouraged from borrowing, lending, selling, or giving away of property to other patients unless this has been approved by their treatment team. Patients are not allowed to give staff any property or gifts. It has been the experience of the hospital that problems can arise when these guidelines are not followed closely. Theft will not be tolerated.

Items may be donated to the hospital through Administrative approval.

MONEY POLICIES

Cash should be used for activities on the hospital grounds and in the community. Patients will be encouraged to monitor their funds carefully and to be responsible for keeping track of their financial resources. Environmentalist and SMT will provide assistance in this area as needed.

* Patients in need of funds should contact treatment coordinator with a request for funds and environmentalist will receive funds within 24 hours.
* Patients needing payments in the form of checks should make their request 48 hours in advance.
* Patients should be advised to carry only $5.00 in cash on their person.
* Patients who would like a daily money packet should request one from environmentalist.

PASSES-TYPES

Passes are an intrinsic part of the patients treatment. It reflects adjustment to the unit environment, improvement in clinical status i.e. not being a danger to themselves or others, not being an elopement risk, stabilization of symptoms, and ability to understand pass parameters. Pass level changes should correlate with clinical situations, but should not be used as a punitive measure. The treatment team will be expected to be active in helping patients achieve and apply for the various levels of passes.

Blue Pass - The "Blue Pass" represent a higher level of independent functioning and is used for independent walks and activities on the hospital grounds. The pass allows patients to go off the unit for up to one hour to engage in these activities. Expectations for eligibility for a Blue Pass include, but are not limited to, ability to manage ADL's, be medication compliant, and participate in structured activities as defined by the patient's ICTP.
The patient makes a request for this pass by completing a "pass request" form and forwards it on to his/her Social Worker. The Social Worker then presents this request in team meeting for discussion and decision. At that point the pass is either approved or denied. The Social Worker then discusses the decision with the patient. If the request is granted then the secretary completes a "Blue Pass" and it is signed by the unit administrative director. The pass is then placed in a designated location in the nurses office on their ward. The patient then requests to use the pass at designated time periods during the day. He/she then "signs out" on a sign - out board just outside the door to their respective ward. Then they return to the ward they sign in. If they have engaged in inappropriate behaviors while on their pass, such as agitating other patients, creating conflicts, etc. then their pass is "pulled" for up to one shift or up to the next day (this will be decided by treatment team).

Orange Pass - The "Orange Pass" is used in much the same manner as the "Blue Pass", with the exception that it restricts the patient to the staff hallway, the outside ramp area, or the immediate outside lawn during the summertime. A "Blue Star" place on this pass allows the patient the same privilege on weekends and holidays. The expectations for eligibility for an orange pass include, but are not limited to, patient's ability to tolerate restricted times without being supervised, understand area restrictions of the orange pass, and patients not be verbally or physically aggressive. The patient makes a request for an orange pass and the process is the same as the blue pass.

Therapeutic Pass - On occasion there might be instances when the treatment team can customize a specific pass that would be therapeutic for the patient.

Green Pass - Allows a patient to leave campus and to go downtown.

Buff Status - Buff status is for all patients who do not have another pass. These

patients are eligible to go outside at designated times, and will be supervised by staff during the time they are off the unit. Buff status will also include patients who have been unable to maintain higher pass levels.

The treatment team may decide that it is clinically not in the patient's best interest to leave the unit. In this situation patient will have no pass.

NOTE: Patients will be reminded that the use of any pass should be limited to those times when they are not scheduled for other activities or appointments. Also, all passes are contingent upon appropriate behavior and is determined upon their behavior prior to requesting to use their pass. It will be their responsibility to check in and out on their pass at the nurse's station.

PATIENT STATUS

The different statuses reflect the increasing level of patient's responsibility while preparing their return to the community. A patient status will be assigned depending on a patient's progress. The treatment team is responsible for making decisions on patient status. They will review patient status weekly. If necessary changes on a daily basis during the work week. Any changes in patient status will be explained to the patient. If at any time a patient is unsure of what their status may be, they will be able to learn this through contacting their treatment team leader.

POSSESSIONS/PERSONAL PROPERTY

Personal possessions should be kept in a locked locker at all times, this includes items such as toiletries, radios, valuables, and cash. Items such as those contained in aerosol cans, glass containers (or items that could be used for cutting), or items that contain alcohol are not permitted in the dressers or lockers and must be kept locked in the patient's personal locker at the nurse's station (all such items should be turned in to the nurse's station).

RADIOS

Listening to radios is part of leisure time enjoyment. When patients listen to their radio, the use of head sets is encouraged. While listening to a radio without the use of head sets, it is encouraged to keep the volume down so others are not disturbed. Listening to radios is limited to those times when it will not interfere with other scheduled activities such as groups or other therapies. Radios will be turned off at 10:00 p.m.

The maintenance of a patient's radio (including the obtaining of batteries for battery-operated appliances) will be their responsibility. All electrical devices need to be inspected by hospital electricians before they are plugged into electrical outlets.

Identification of radios needs to be arranged. Patients should contact their treatment team for both inspection and identification of their personal radio. Their radio will need to be logged in by hospital personnel as part of their personal property.

RESPECT FOR PROPERTY/EQUIPMENT
The respect for personal and hospital property and equipment is important for the success of this program; therefore, the abuse of hospital property or the property of others will not be tolerated. Patients or staff may be held responsible for any damage.

ROLL CALLS
On occasion (and for accountability purposes) roll calls are required. Patients are asked to cooperate so rolls can be taken as quickly as possible as not to be intrusive.

SEXUAL HARASSMENT
Federal and state guidelines prohibit sexual harassment of any kind. The following guidelines are extracted from published materials from the State of Utah:

* Sexual harassment is any interaction that is sexual in nature, that is repeated, unwanted, unsolicited, non-reciprocal, coercive, intimidating, or without mutuality.
* Sexually harassing behaviors can be identified in three categories:
* Visual: Constant leering, suggestive ogling, offensive signs and gestures, or open display of pornographic and other offensive materials.
* Verbal: Dirty jokes, sexual suggestions, highly personal innuendoes, and explicit proposition.
* Physical: "Accidently" brushing up against the body, patting, squeezing, pinching, kissing, fondling, forced sexual assault, and/or rape.

If a patient has any concerns that they wish to discuss, they should talk with their treatment team.

SHARPS
A general rule is that glass, razors, and sharp items are locked up at the nurse's station and the use of these items must be supervised by staff or requested through the treatment team.

SMOKING
The hospital maintains (for everyone's health benefits) a smoke free living and working environment. The following rules and guidelines apply where smoking is concerned. Generally speaking it is recommended that you do not use tobacco products due to the many health problems associated with tobacco usage. Smoking is limited to designated smoking areas only, and in all cases, smoking is not allowed in any public building or 25 feet from the main entrance.
Care in disposing of smoking materials is appreciated. Everyone should use the receptacles that are provided. Disposing of smoking materials is considered to be a part of responsible behavior. It is expected that everyone will be mindful of

the environment and the appearance of the grounds along with being considerate of others.
The number of cigarettes that a patient smokes is dependent upon their financial resources (the hospital does not supply smoking materials) and the arrangements made with their treatment team.
If a patient is approved to carry a lighter, they are made aware that the lighter must be turned in at the nurse's station.

TELEPHONE
Patients have the right to conduct private telephone conversations with family and friends, unless clinically contra-indicated. Telephone calls may be made from the pay phone on the unit. If personal financial resources are available, a phone card can be purchased. There are times when a patient will be allowed to make a call from his/her Social Worker's office. Calls will not be sponsored unless specified by doctor's order. Abusive language is not permitted and will result in termination of the call. Patient calls are not limited unless there is an order for supervised calls. A patient may make one long distant call weekly from nurses station.

TRANSPORTATION
State law prohibits the transporting of patients in other than state owned motor vehicles. While a patient is a passenger in a state vehicle, they must wear the seat belts. Smoking in a state vehicle is prohibited by the Clean Air Act. Patients should cooperate with the driver of the vehicle and comply with the directions that he or she may give.

VISITS
On Ward: Visits by family members and significant others are encouraged. Nursing staff can share general guidelines regarding the visit with the visitor. Visitors are not allowed in patient living area. Visitors should be cautioned to secure valuable items in their car. Church volunteers fall into the same category as visitors and should conduct their visits in the approved visiting areas. Visitors are encouraged to visit during non-program hours. Regular visitors can receive a card signed by the unit administration that allows visit without having to check in at the switchboard.
On Grounds/Off Grounds: Off ward visits need to be cleared with the treatment team prior to the arrival of the visitor. Patients should submit a request or have the visitor call the treatment team to arrange for a visit. Plans for an overnight visit away from the hospital need to be cleared well in advance (at least three days) so that arrangements for medication can be made and medical clearance for the visit can be obtained.

GERIATRIC SERVICES
SAFETY AND SECURITY POLICIES

I. SAFETY

INFECTION CONTROL

There is an active hospital-wide infection control program. Measures have been developed to identify and to control infections acquired at the Utah State Hospital or brought from the community to the hospital.

UNIVERSAL BLOOD AND BODY-FLUID PRECAUTIONS

All patients admitted to the Utah State Hospital are on body fluid precautions for the duration of their stay. All Utah State Hospital employees routinely use appropriate precautions to prevent skin and mucous membrane exposure when contact with blood and other body fluids of any patient is anticipated.

* Hands and other skin surfaces are washed immediately and thoroughly if contaminated with blood or other body fluids. Hands are washed immediately after gloves are removed.
* To prevent needlestick injuries, needles are not recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand.
* Pocket masks and ambu bags are available in patient care areas where the need for resuscitation is possible.
* Employees who have exudative lesions or weeping dermatitis do not do direct patient care nor handle patient care equipment until the condition resolves.
* Eating, drinking, applying cosmetics or lip balm, and handling contact lenses by employees are prohibited in work areas where there is reasonable likelihood of occupational exposure (i.e., laboratory, medical treatment rooms, laundry, sterile supply, patient rooms, utility rooms, medication rooms).
* Food and drink are not kept in refrigerators, freezers, cabinets or on shelves, countertops or benchtops where blood or other potentially infectious materials are present.

INFECTIOUS WASTE

Infectious waste material will be designated as such by nursing and laboratory personnel and will be properly bagged in liners and tied. Bagged infectious waste is deposited in green "Infectious Waste Containers" by nursing and laboratory personnel. Infectious waste containers are checked on a weekly basis and full boxes are transported to the designated holding room of the Medical Services Building. All infectious waste containers and the holding room of the Medical Services Building are cleaned and disinfected every ninety days or at any time when there is visible contamination. During all handling, cleaning, and decontaminating procedures, personnel practice universal precautions.

II. SECURITY

EMPLOYEE THEFT OR FINANCIAL IMPROPRIETY

Utah State Hospital employees are expected to use state resources honestly and to follow the Department of Human Services Code of Ethics. This includes respect for other hospital employee and patient belongings. In accordance with the Division of Finance Employee Theft or Financial Impropriety policy, problems or potential problems involving employee theft or financial impropriety are immediately reported to the appropriate hospital personnel. Disciplinary action will be taken in the event of a violation resulting in personal gain, harm, or loss to another employee, the state, or a client. Disciplinary action includes, but is not limited to: Reprimand, verbal warning, corrective action, suspension, demotion or termination, and legal action. Definition of theft and financial impropriety is as follows: Theft: Obtaining or exercising unauthorized control over the property of another.

Financial Impropriety: Misuse of state funds for personal gain or other inappropriate activities.

IDENTIFICATION CARDS

Identification cards are used to identify by name, title or position all employees and students working at the Utah State Hospital. Employees identify themselves and their professional status to patients as care is provided by wearing their ID card. Employees wear their ID card to provide identification as needed for receiving pay checks, signing out state cars, signing out keys for use of facilities, gaining access to USH in the event of a disaster, etc. ID cards are returned to the Human Resources Office upon employee termination or completion of student rotation. ID cards are to be worn at all times while working at the hospital.

KEY CONTROL

Key control is the responsibility of the Hospital Director of Safety Management and the Supervisor of Buildings and Grounds. All locksmith services, including repair, key or lock changes or replacements, duplicate or replacement for existing locks, and lock changes and additions within a unit or department are procured only through the established procedure. Keys issued in accordance with this policy may not be duplicated by the holder. Such action constitutes grounds for corrective action or termination. **New Hires:** Employees are assigned an identification number which appears on the key tag issued by the personnel technician at the time of hire. The secretary to the Director of Safety Management issues keys to new hires at which time the employee reads and signs a Key Agreement card which lists the keys issued to the employee and penalties for violating agreement.

Transfers: When a current employee transfers from one area to another, he/she must have a completed Transfer Key form signed by the Administrative Director of the area from which they are transferring and the Administrative Director of the area to which they are transferring.

Terminations: Upon termination, the employee turns his/her keys to the secretary to the Director of Safety Management.

Keys are issued only to those individuals demonstrating a need on a continuing basis. Additional requests for keys are issued when the person making the request completes an Additional Key Request card. The employee is responsible for the cost of replacing lost keys. The cost for replacing a key or a set of keys is $20.00. This fee must be paid before a new key or set of keys is issued. Keys are not the property of the individual but are the property of Utah State Hospital.

PATIENT AND PATIENT LIVING AREA SEARCH

Utah State Hospital provides a safe and secure environment for patients, staff and visitors. To accomplish this, identified items are not allowed on hospital grounds and/or in treatment areas (i.e., weapons, firearms, contraband, etc.) and may be confiscated in accordance with this policy. Each Service Treatment Director is responsible to define those items which may be considered contraband. A comprehensive definition can be found in the Utah State Hospital Operational Policy and Procedure Manual. In the event that a search becomes necessary, the Service Area Clinical Director, Service Area Administrative Director, and/or Service Area Unit Nursing Director are notified. The patient or a patient representative may be present when rooms and/or personal belongings are being searched. Searches are conducted under the direction of the Hospital Security Office and are carried out by staff members who are trained and certified to conduct a search. Patient belongings are handled with the utmost care and respect by members of the search team. A search is not complete until the area and other items are restored to their original or improved state. Any items confiscated are recorded and pertinent information is documented in the patient's record. A written report of the search is completed and submitted to the person initiating the search and to the Hospital Risk Management Department. Please refer to the Special Treatment and Procedures Section of the USHHOP Manual for specific information regarding less restrictive alternatives, restraints and seclusions, and levels of suicidal precautions, etc.